

RUN DATE OF REPORT: 01/08/2004

OSCAR REPORT 3  
HISTORY FACILITY PROFILE

LAST FILE UPDATE: 01/07/2004

PAGE: 1

BEEHIVE SKILLED CARE HOME  
370 WEST 500 NORTH  
OREM UT 84057  
STATE'S REGION CODE: 001

PROVIDER #: 465154  
PHONE NUMBER: (801) 318-8869  
PARTICIPATION DATE: 08/21/2003 CERTIFIED: 14

FACILITY BEDS  
TOTAL: 14  
TYPE ACTION: INITIAL  
TYPE OWNERSHIP: FOR PROFIT - PARTNERSHIP

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

RESIDENT CENSUS ON 08/21/2003

-----  
TOTAL: 1  
MEDICARE: 1  
MEDICAID: 0  
OTHER: 0

LTC ADMISSION/SUSPENSION DATES

-----  
ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 14

-----  
18 18/19 19 ICF/MR  
-- ---- -- ----  
14

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3	S/S	PRIOR 2	S/S	PRIOR 1	S/S	CURRENT	S/S	PLAN/DATE	
SURVEY	CODE	SURVEY	CODE	SURVEY	CODE	SURVEY	CODE	OF CORRECT	PROGRAM REQUIREMENTS
						08/21/2003			

\*\*\* NO DEFICIENCIES WERE FOUND \*\*\*

EDITION OF LSC APPLIED

PRIOR 3	PRIOR 2	PRIOR 1	85 NEW	PLAN/DATE	
SURVEY	SURVEY	SURVEY	CURRENT	OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
			08/21/2003		
			X N		K0028-DOORS AND VISION PANELS
			X N		K0039-CORRIDOR WIDTH

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT

BEEHIVE SKILLED CARE HOME

PROVIDER #: 465154

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	0	0	0	0
HEALTH TOTAL	0	0	0	0
LIFE SAFETY CODE	2	0	0	0
LIFE SAFETY CODE + HEALTH	2	0	0	0

COMPLAINT SURVEY INFORMATION

\* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY